MDR: M4-02-3348-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1. a. Whether there should be reimbursement of $769.00 for date of service, 09/15/01.

   b. The request was received on 01/21/02.

II. EXHIBITS

1. Requestor, Exhibit I:

   a. Initial Submission of TWCC-60
      1. HCFA-1500
      2. EOB(s)
   b. Additional documentation requested on 06/10/02.
      1. Letter of Medical Necessity, undated
      2. HCFA-1500
      3. EOB(s)
      4. Example EOBs from other Carriers
   c. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.

2. Respondent, Exhibit II:

   Based on Commission Rule 133.307 (g) (4), the Division notified the Requestor with a copy to the insurance carrier Austin Representative of the Requestor's requirement to submit two copies of additional documentation relevant to the fee dispute on 06/10/02. There is neither a Carrier initial response nor a Carrier 14-day response found in the dispute file. A "No Response Found" is reflected in Exhibit II.

3. This MDR case file does not contain a Carrier sign sheet as reflected in Exhibit III.

III. PARTIES' POSITIONS

1. Requestor: No position statement.

2. Respondent: No response found.

IV. FINDINGS

1. Based on Commission Rule 133.307(d) (1) (2), the only date of service eligible for review is 09/15/01.

2. Per the Requestor's Table of Disputed Services, the Requestor billed the Carrier $769.00 for services provided on the above date of service.

3. Per the Requestor's Table of Disputed Services, the Carrier paid the Requestor $0.00 for services provided on the above date of service.

4. The Carrier's EOBs deny reimbursement as, "A – EQUIPMENT GREATER THAN $500 REQUIRES PREAUTHORIZATION. YOU CAN NOT USE THIS DME WITHOUT THE UNIT AND THE WATER CIRCULATING PAD"

5. Per the Requestor's Table of Disputed Services, the Requestor is seeking $769.00 for services provided on the above date in dispute.

6. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT CODE	BILLED	PAID	EOB Denial Code(s)	MAR$	REFERENCE	RATIONALE:
09/15/01 09/15/01 09/15/01 09/15/01	E0236 NU E1399 E1399 E1399	$494.00 $75.00 $155.00 $45.00	$0.00 $0.00 $0.00 $0.00	A A A A	No MAR DOP DOP DOP	TWCC Rule 134.600 (h) (11); MFG; General Instructions (VI); DGR (IV); CPT Descriptor	The Carrier's EOBs deny reimbursement as, "A – EQUIPMENT GREATER THAN $500 REQUIRES PREAUTHORIZATION. YOU CAN NOT USE THIS DME WITHOUT THE UNIT AND THE WATER CIRCULATING PAD" The treating physician's letter of medical necessity states, "I have prescribed a water-circulating/cold therapy unit for this patient. In addition to the cooler I have prescribed a water-circulating pad, a cold therapy cooler wrap and an auto adapter.", indicating four (4) separate pieces of DME. Pursuant to Rule 134.600, preauthorization is required if, "(11) all durable medical equipment (DME) in excess of $500.00 per item (either purchased or expected cumulative rental)….is prescribed for the injured worker. The Requestor has billed for what appears to be four separate pieces of durable medical equipment, none of which is in excess of $500.00. Therefore, reimbursement in the amount of $769.00 is recommended.
Totals							The Requestor **is** entitled to reimbursement in the amount of **$769.00**.

V. ORDER

Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the Respondent to remit **$769.00** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this order.

This Order is hereby issued this 16th day of September 2002.

Denise Terry, R.N.
Medical Dispute Resolution Officer
Medical Review Division
DT/dt